## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12-08-2007</u>	Address:	328 S. Warren St	
Case #:	32F28086		Shelbum, IN	
County:	Sullivan		<u>47879</u>	
Type of Laboratory Seizurc (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location ( Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply)  Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
☐ Flammable Solvents: Detached Garage				
Water Reactive Metal (Lithium): Detached Garage				
Anhydrous Ammonia: <u>Detached Garage</u>				
☑ Hydrochloric Acid Gas Generator(s): <u>Dctached Garage</u>				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
Child under age 18 discovered (check one)       Investigative Information         ☐ Yes (number present)       ☐ Ephedrine/Pseudoephedrine Tracking Log         ☐ No       ☐ Retail/Merchant Tip         *If yes, fax report to Child Protective Services       ☐ Other;				
This report is to be faxed to the following agencies that serve the location:				
Health Depa	ment: <u>Shelburn VFD</u> artment: <u>Sullivan</u> etion Service: <u>N/A</u>	Fax: 812-268-0423   Fax: N/A		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Ritch A. Reynolds</u> Phone (812)299-1153				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.